

09/875532

abc

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in a **PAID** envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the below date:
Date: July 21, 2005 Name: Timothy J. Le Duc Signature: [Signature]

**BRINKS
HOFER
GILSON
& LIONE**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Christopher G. Dixon et al.

Appln. No.: 09/875,532

Filed: June 6, 2001

For: HIGH PRESSURE INJECTION SYRINGE

Attorney Docket No: 8627/488 (P/A-5253-RFB)

Examiner: Loan H. Thanh

Art Unit: 3763

Certificate of Correction Branch
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

- ☒ Transmittal Letter (in dup.); Request for Certificate of Correction (in dup.)
- ☒ Return Receipt Postcard

Fee calculation:

- ☐ No additional fee is required.
- ☐ Small Entity.
- ☐ An extension fee in an amount of \$_____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).
- ☐ A petition or processing fee in an amount of \$_____ under 37 C.F.R. § 1.17(_____).
- ☐ An additional filing fee has been calculated as shown below:

**Certificate
JUL 29 2005
of Correction**

					Small Entity			Not a Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus			x \$25=			x \$50=	
Indep.		Minus			x 100=			x \$200=	
First Presentation of Multiple Dep. Claim					+\$180=			+\$360=	
					Total	\$		Total	\$

Fee payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Please charge Deposit Account No. 23-1925 in the amount of \$_____. A copy of this Transmittal is enclosed for this purpose.
- ☐ Payment by credit card in the amount of \$_____ (Form PTO-2038 is attached).
- ☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

21 JUL 2005
Date

Respectfully submitted,
[Signature]
Timothy J. Le Duc (Reg. No. 54,745)

JUL 29 2005



Date of Deposit

Timothy J. Le Duc, Reg. No. 54,745

Name of applicant, assignee or
Registered Representative

Registered Representative
Timothy G. L. L.

Signature _____

July 21, 2005

Date of Signature

Case No. 8627/488 (P/A-5253-RFB)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Christopher G. Dixon et al.

U.S. Patent No. 6,916,308 b2

Serial No.: 09/875,532

Filed: June 6, 2001

For: HIGH PRESSURE INJECTION
SYRINGE

Examiner: Loan H. Thanh

Group Art Unit No.: 3763

REQUEST FOR CERTIFICATE OF CORRECTION

Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Please issue a Certificate of Correction for the above-identified patent. The Assignee(s) should be listed as both Cook Incorporated and Sabin Corporation. This request is being made pursuant to 35 U.S.C. § 254, since the errors comprise errors by the Patent and Trademark Office that are clearly disclosed by the records of

JUL 29 2005

the Office. Attached is the Recordation of Assignment Cover Sheet dated June 6, 2001 listing both Assignees.

The Commissioner is hereby authorized to charge any fees required to Deposit Account No. 23-1925. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Timothy J. LeDuc", written over a horizontal line.

Timothy J. LeDuc
Registration No. 54,745
Attorney for Applicants

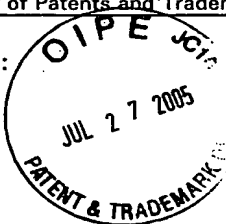
BRINKS HOFER GILSON & LIONE
P.O. BOX 10395
CHICAGO, ILLINOIS 60610
(312) 321-4200

CORDATION FORM COVER SHEET
PATENTS ONLY

U.S. DEPARTMENT OF COMMERCE

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of Conveying party(ies):

Christopher G. Dixon
Jacob A. Flagle
Andrew K. HoffaAdditional name(s) of conveying party(ies) attached? ☒ Yes ☐ No

3. Nature of conveyance:

☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Other _____Execution Date: June 4, 2001

2. Name and address of receiving party(ies)

Name: Cook IncorporatedStreet Address: 925 South Curry PikeCity: Bloomington State: IN ZIP: 47402Additional name(s) & address(es) attached? ☒ Yes ☐ No

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is: June 6, 2001

A. Patent Application No.

B. Patent No.

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Anton P. NessStreet Address: P.O. Box 2269City: Bloomington State: IN ZIP: 47902

6. Total number of applications and patents involved

17. Total fee (37 CFR 3.41) \$40.00☐ Enclosed☒ Authorized to be charged to deposit account8. Deposit account number: 13-2528

DO NOT USE THIS SPACE

9. Statement and signature

*To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.*Anton P. Ness

Name of Person Signing

Signature

June 6, 2001

Date

Total number of pages including cover sheet, attachments, and document 6

1. Additional name(s) of
conveying party(ies):

Joseph P. Lane

2. Additional name(s) and address(es)
of receiving party(ies):

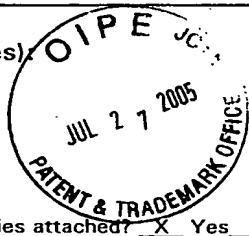
Sabin Corporation
3800 Constitution Avenue
Bloomington, IN 47403

CORDATION FORM COVER SHEET
PATENTS ONLY

U.S. DEPARTMENT OF COMMERCE

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of Conveying party(ies)

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Jacob A. Flagle
Andrew K. HoffaAdditional name(s) of conveying party(ies) attached? ☒ Yes ☐ No

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A. Patent Application No.

B. Patent No.

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:


Name: Anton P. NessStreet Address: P.O. Box 2269City: Bloomington State: IN ZIP: 479026. Total number of applications and patents involved
17. Total fee (37 CFR 3.41) \$40.00☐ Enclosed☒ Authorized to be charged to deposit account8. Deposit account number: 13-2528

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Name of Person Signing


SignatureJune 6, 2001
DateTotal number of pages including cover sheet, attachments, and document 6

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Joseph P. Lane

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Sabin Corporation
3800 Constitution Avenue
Bloomington, IN 47403